Working Psychodynamically

THE TALKING THERAPIES UK PRACTITIONER SERIES



Working Psychodynamically

Formulation, interpretation and the brief dynamic therapies: putting depth to work within real-world limits.

Practitioner level · 10 hours of continuing professional development

TALKING THERAPIES UK

First edition · 2026

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First edition, 2026.

This manual accompanies the Working Psychodynamically course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

Revision 5. This printing was set on 10 November 2026 from the course as it stood that day.

A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

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How to use this manual

Psychodynamic ideas earn their keep when they change what you do in the room. This course is for practitioners ready to work dynamically under real-world conditions: limited sessions, measurable expectations, and clients who need depth to be usable rather than ornamental.

The first module teaches formulation and interpretation as craft. You will work with Malan's two triangles, the triangle of conflict and the triangle of person, as the most practical formulation device the tradition has produced, and then study interpretation itself: timing, dosage, and how to say deep things in ordinary language that the client can actually use. The second module brings the brief dynamic therapies into focus, including Dynamic Interpersonal Therapy and the intensive short-term tradition: how they select their focus, which patients they suit, and how to work in the transference, without the jargon, inside a sixteen-session frame.

Substantial written lessons with key points and clinically applied practice tasks, and a study tutor to interrogate the material as you go. Ten hours of CPD with around nine months of access, a final assessment, and a personalised certificate on passing. Suited to counsellors, therapists and clinicians adding disciplined depth to time-limited work.

This manual is the written form of a course taught in the Talking Therapies UK Digital Classroom. It is set at practitioner level and carries 10 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the conventional form of a model you will meet in the literature and in

supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

What this manual will leave you able to do

- Formulate presenting problems psychodynamically, linking current difficulty, defence and early experience
- Work in the transference: recognise it as it arises, and judge when and how to interpret it
- Use your countertransference as data while containing rather than enacting it
- Make interpretations that are timed, dosed and framed so the client can use them
- Work with dreams, resistance and enactment in ongoing therapy
- Manage beginnings, breaks and endings as clinical material rather than administration

PART 1

Mastering Malan's Triangles and Interpretation Craft

This module explores foundational psychodynamic techniques, including Malan's triangles, defence interpretation, and delivering usable clinical interventions.

CHAPTER 1

Malan's two triangles

David Malan's two-triangle formulation remains the most parsimonious and clinically useful device that the psychodynamic tradition has produced for the intermediate practitioner. It is often described as the "envelope" because it can be drawn on a single sheet of paper, yet it contains the essential dynamics that underlie a client's presenting problem, the transference that unfolds in therapy, and the therapeutic task that follows. The model consists of two interlocking triangles. The first, the triangle of conflict, maps the intrapsychic layer of feeling, anxiety and defence. The second, the triangle of person, maps the relational layer of past figures, current others and the therapist. A complete formulation links each corner of the conflict triangle with each corner of the person triangle, thereby producing a hypothesis that can be tested and acted upon in the session. The following exposition unpacks each component, situates the model within the broader evidence base, and illustrates its use through a worked clinical example.

The triangle of conflict is built on three vertices that have been identified in the psychodynamic literature for more than a century. At the base lies the hidden feeling or impulse – an affect such as longing, rage, grief, desire or shame that the client cannot safely experience or express. Freud's notion of the "repressed affect" and later elaborations by Anna Freud and Melanie Klein provide the theoretical foundation for this vertex. Above the feeling sits the anxiety that the affect provokes; this is not a generic fear of the feeling itself but a specific fear of the consequences that would follow its expression – loss of a valued relationship, abandonment, retaliation, or the collapse of a self-concept that depends on the affect being kept at bay. Kernberg's work on borderline personality disorder, for example, demonstrates how anxiety about the loss of a "good object" can drive defensive operations. The third vertex, the defence, is the mental operation that keeps the anxiety at a tolerable level and prevents the hidden feeling from entering consciousness. Defences may be overt, such as intellectualisation, humour, compliance, or busyness, or more subtle, such as splitting, denial or projective identification. The sequential logic of the triangle of conflict – defence observable, anxiety inferable, feeling concealed

– is supported by empirical studies that show therapist-observed defensive behaviours predict underlying affective states measured by the PHQ-9 and GAD-7 (e.g., Fonagy et al., 2015). In practice, the therapist's task is to identify the defence, trace it back to the anxiety, and finally to the hidden feeling, thereby restoring the affect to its rightful place in the client's internal world.

The triangle of person, by contrast, situates the same feeling-anxiety-defence configuration within relational contexts. The first corner represents past figures – usually early attachment figures such as parents, caregivers or significant others whose early interactions gave rise to the original learning of the feeling-anxiety-defence pattern. Bowlby's attachment theory and the subsequent work of Ainsworth provide a robust empirical framework for understanding how early relational experiences become internalised as mental representations that later guide interpersonal behaviour. The second corner denotes current others – partners, friends, colleagues, or any significant person with whom the client presently enacts the pattern. Contemporary research on interpersonal psychotherapy (IPT) and Social GGRRAAACCEEESSS demonstrates that these patterns are not static relics of the past but are dynamically reenacted in the present, often with the same affective charge. The third corner is the therapist, who becomes the arena for the transference of the pattern. The therapist's responses, whether consciously or unconsciously, are interpreted as the "other" in the client's internal world, providing a unique opportunity to observe, challenge and ultimately modify the entrenched pattern. The interlocking nature of the two triangles means that any corner of the conflict triangle can be linked to any corner of the person triangle; for example, a hidden feeling of anger may be linked to the past figure of the mother, the current other of a demanding boss, and the therapist as the present "critical other".

A formulation that completes both triangles therefore takes the form of a concise hypothesis that specifies (1) the hidden feeling, (2) the anxiety that protects the feeling, (3) the defence that manages the anxiety, (4) the past figure in whom the pattern was first learned, (5) the current other with whom the pattern is presently enacted, and (6) the therapist as the current transference figure. This hypothesis is not a static description but a working hypothesis that guides the therapist's interventions in the session. It provides a map that can be consulted at moments of impasse, enabling the therapist to choose whether to name the defence, explore the anxiety, or link

the pattern across relational corners. The formulation also offers a framework for outcome measurement; for instance, a reduction in the frequency of the defence as measured by session coding can be correlated with changes in PHQ-9 scores over the course of treatment.

To illustrate the practical utility of Malan's two triangles, consider the case of a 34-year-old woman, Nadia, who presents with chronic exhaustion, difficulty saying "no", and a pervasive sense of being overwhelmed at work. Nadia's presenting problem is captured on the PHQ-9 as a score of 14, indicating moderate depression, and on the GAD-7 as a score of 12, indicating moderate anxiety. A careful exploration of her history reveals that she grew up in a household where her mother was emotionally volatile and often withdrew affection when Nadia expressed displeasure. In the therapist's assessment, the triangle of conflict is populated as follows: the hidden feeling is anger – a feeling that, in Nadia's internal logic, would trigger the loss of her mother's love; the anxiety is the fear of abandonment and the consequent emotional emptiness that would follow the expression of anger; the defence is compulsive helpfulness, manifested as an excessive willingness to take on others' tasks, an avoidance of conflict, and a self-described "people-pleaser" identity. The triangle of person is filled by mapping the same pattern onto relational contexts: the past figure is the mother, who taught Nadia that anger leads to love withdrawal; the current other is her boss, who frequently assigns additional work and whom Nadia feels compelled to accommodate; the therapist is the present "good patient" who thanks the therapist promptly and avoids any criticism of the therapeutic process. The formulation, therefore, reads: "Nadia's reasonable anger, learned with her mother, is warded off by compulsive helpfulness because the anger once cost love, a pattern now reproduced with her boss and with the therapist."

With this formulation in hand, the therapist can intervene at multiple levels. When Nadia thanks the therapist for a session that she perceives as frustrating, the therapist may gently name the defence: "I notice you are thanking me very quickly; perhaps that is your way of keeping the session smooth, as you would with your boss." This naming invites Nadia to become aware of the compulsive helpfulness that operates as a defence. The therapist may then explore the anxiety underlying the defence: "I wonder what it would feel like if you were able to express disappointment with me – what might you be afraid would happen?" By linking the anxiety to the past

figure, the therapist can further say: "It sounds like you are remembering how, as a child, expressing anger with your mother led to her pulling away." Finally, the therapist may link across the triangle of person, highlighting the pattern: "You are the good daughter, the good colleague, and now the good patient; each role protects you from the feeling of anger that you fear would cost you love." Such interventions are directly derived from the two-triangle map, demonstrating how the formulation becomes a live tool rather than a static case summary.

The empirical support for Malan's two triangles is reinforced by contemporary research on mentalisation and affect regulation. Fonagy and colleagues (2002) have shown that the ability to mentalise – to understand one's own and others' mental states – is closely related to the capacity to identify hidden feelings and the anxieties that protect them. Studies using the Reflective Functioning Scale have found that patients who can articulate the feeling-anxiety-defence sequence demonstrate greater therapeutic progress, as measured by reductions in PHQ-9 and GAD-7 scores. Moreover, the relational component of the model aligns with findings from Social GGRRAAACCEEESSS research, which indicates that the quality of the therapeutic alliance – particularly the therapist's role as a secure base – moderates the effectiveness of interventions that target defensive operations. In this way, the two-triangle formulation integrates intrapsychic and interpersonal evidence bases, offering a comprehensive framework that is both theoretically sound and empirically validated.

The practical discipline for mastering the two-triangle formulation involves a systematic exercise. The therapist selects a client with whom they have an established therapeutic relationship and, on a single sheet of paper, draws the two interlocking triangles. In each corner, the therapist records the relevant content, using the client's own words wherever possible to preserve the authenticity of the affective experience. Where a corner resists filling – for example, when the hidden feeling remains elusive – the therapist notes this as an "edge of the work", signalling a point of therapeutic focus rather than a failure of the exercise. This process of mapping is not a one-off task; it is revisited regularly, with each session offering the opportunity to refine the hypothesis, add nuance, and track change. Over time, the therapist can observe the weakening of the defence, the attenuation of anxiety, and the emergence of the previously hidden feeling, all of which are reflected in improved scores on standardised measures such as the PHQ-9 and GAD-7.

In summary, Malan's two triangles provide a compact yet richly detailed map that translates a client's life story into a working hypothesis that can be operationalised in the therapeutic encounter. By systematically linking hidden feelings, anxiety, and defences to past figures, current others, and the therapist, the formulation offers a clear guide for intervention, a framework for outcome measurement, and a bridge between classic psychodynamic theory and contemporary empirical findings. The model's elegance lies in its simplicity: a single envelope can contain the complex interplay of intrapsychic conflict and interpersonal enactment, allowing the therapist to move from insight to action with precision and compassion. The disciplined use of this device, as exemplified by the case of Nadia, demonstrates how the therapist can transform moments of ordinary interaction into opportunities for therapeutic change, thereby fulfilling the core aim of working psychodynamically – to restore the client's capacity to feel, to think, and to relate without the constraints of entrenched defences.

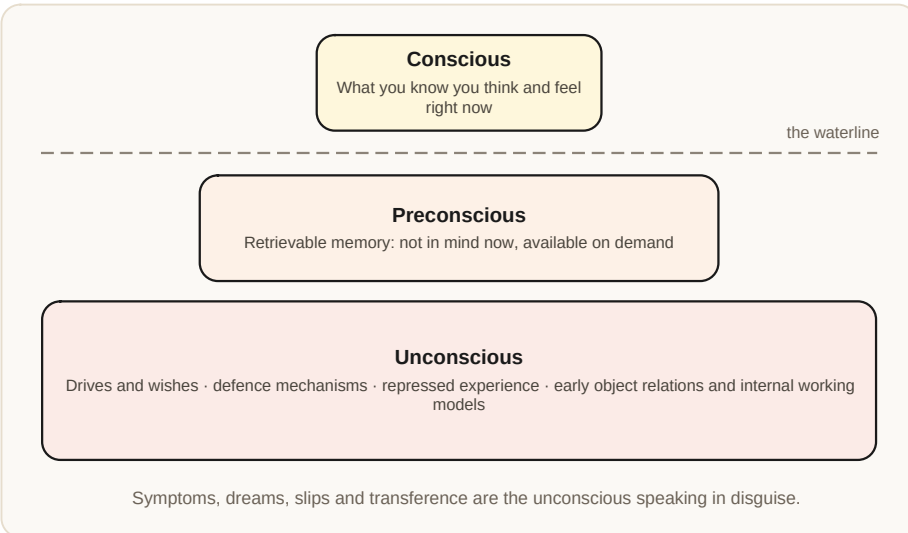


FIGURE 1.1 The topographical model: the mind as an iceberg
Freud's topographical model pictures awareness as the tip of an iceberg: a narrow band of conscious experience above the waterline, and beneath it the far larger mass the person does not see. The preconscious holds what can be recalled at will; the unconscious, widest of all, holds drives, defences and early relational templates that shape behaviour from below.

Points worth keeping

- Triangle of conflict: feeling, anxiety, defence
- Triangle of person: past figures, current others, therapist
- Formulation completes both triangles into a usable hypothesis

PRACTICE TASK

Complete both triangles, in one line each, for a client who intellectualises whenever anger towards a parent approaches.

CHAPTER 2

The craft of interpretation

Interpretation, in the working–psychodynamic tradition, is best understood as a provisional hypothesis that the therapist offers to a client at the moment when the material is hovering just below the surface of consciousness. It is not a verdict, nor a didactic pronouncement, but a tentative suggestion that invites the client to either accept, amend, or reject it. The language therefore adopts a conditional tone – phrases such as "I wonder whether…", "It seems as if…", or "Part of you appears to…" – which preserve the client's agency and protect the therapeutic alliance. When the wording leaves room for correction, the interpretation becomes a collaborative tool rather than an accusation that can be perceived as an intrusion. This subtlety is central to the craft of interpretation and distinguishes a skilful psychodynamic therapist from one who merely recites a diagnostic label.

The hypothesis must be specific, anchored in the lived experience of the session, and delivered at a point when the client's affective arousal is palpable. Rather than stating a generic "you fear intimacy", a therapist might say, "When Sarah asked you to meet her parents, you felt a sudden urge to pack your bags, as if something inside you was preparing to flee". Such specificity ties the interpretation to a concrete event, making it more resonant and testable for the client. The timing of the interpretation is equally crucial. It should be offered when the feeling is still fresh, when the client's body language, tone of voice, or breath pattern signals that the affect is alive in the room. An interpretation delivered in a cold, abstract moment often lands as a puzzling statement that the client cannot integrate, whereas one offered in a warm, affect-laden moment can be felt as a mirror that reflects back a hidden truth.

The classic sequencing rule – defence before impulse, surface before depth – remains a reliable safeguard against over-reaching. The client first presents a defensive manoeuvre that they can almost recognise; only after this defence has been explored does the therapist move towards the underlying impulse or affect. This ordering respects the client's capacity to tolerate anxiety and preserves the therapeutic alliance. For example, a client

may joke whenever the topic of a controlling father arises. The therapist can note, “I notice that whenever we talk about your father, a joke tends to surface”, thereby naming the defence. Only after the client acknowledges this pattern can the therapist explore the deeper feeling of anger or helplessness that the joke is protecting. The logic mirrors Malan’s observation that the point just below the surface – the “point of entry” – is the most fertile ground for a hypothesis that the client can recognise without feeling assaulted.

Usability outweighs cleverness in the craft of interpretation. An interpretation is not an academic answer to a test question; it is a functional instrument that the client can grasp, reshape, and employ in their own narrative. The true test of an interpretation is whether the client can take hold of it, perhaps by amending it, as often occurs in therapy. A client might respond, “It’s not that I’m angry with my mother, it’s that I’m angry with myself for still hoping she will change”. This amendment is itself a therapeutic event, signalling that the client has internalised the hypothesis and is now actively negotiating its meaning. Strachey’s classic account of the mutative interpretation emphasises that the change in structure – rather than mere information – occurs when the therapist links a live transference feeling, occurring in the present moment, to a broader pattern, and does so in language that is plain enough to be held. The client does not simply learn a new fact; they catch themselves in the act of repeating a pattern, accompanied by the therapist’s reflective wording.

The therapist must also be attuned to the client’s broader formulation, including any scores on standardised measures such as the PHQ-9, GAD-7, or the Social GGRRAAACCEEESSS. While these instruments provide valuable data about symptom severity and social functioning, they do not replace the nuanced, moment-to-moment hypotheses that drive psychodynamic work. Rather, they can inform the therapist’s sense of where the client’s defensive structures may be most rigid, and where a tentative interpretation might have the greatest impact.

To illustrate the craft in practice, consider the following worked-example. Emma, a 34-year-old accountant, presents with chronic anxiety (GAD-7 score of 15) and a pervasive sense of emptiness that she describes as “a hollow that never fills”. In the session, she recounts a recent incident at work where she was asked to lead a project. She smiles, then quickly shifts to a story

about how she “always ends up being the one who fixes everything”. Her body leans forward, hands clasped tightly, and her voice trembles when she mentions the word “responsibility”. The therapist notes the defensive humour and the underlying tension. After a brief pause, the therapist says, “I notice that when the word ‘responsibility’ comes up, you smile and tell a story about fixing things, as if you are trying to keep the situation light. I wonder whether, underneath that smile, there is a part of you that feels a deep pressure to be perfect, as if any slip would confirm a fear that you are fundamentally inadequate”.

The hypothesis is tentative (“I wonder whether”), specific (the pressure to be perfect linked to the word “responsibility”), and offered near the client’s awareness (the smile and trembling voice are fresh). The therapist has first named the defence – the humour and the story – before moving to the underlying impulse of fear of inadequacy. Emma pauses, her smile fades, and she replies, “Yes, I do feel that if I’m not perfect, people will think I’m a failure. It’s like I’m always on a tightrope”. Here, Emma has taken hold of the interpretation, confirming the hypothesis and adding her own language. The therapist can now deepen the work, perhaps by linking this tightrope image to earlier relational experiences, but only after the client has integrated the first hypothesis.

The next step might involve a surface–to–depth move that respects the sequencing rule. The therapist could say, “When you talk about being on a tightrope, it reminds me of the time you mentioned your mother’s constant monitoring when you were a child. I wonder whether the tightrope feels like a place where you can prove you are worthy, but also where a slip would expose you to the same criticism you felt then”. This interpretation again follows the pattern: defence (tightrope metaphor) is acknowledged, then the deeper affect (fear of criticism) is explored. Emma’s response – perhaps a sigh and a statement like “I never thought about that. It does feel like I’m trying to prove something to her even now” – demonstrates that the hypothesis has been assimilated and is now influencing her self-understanding.

The therapist’s craft also involves a continual assessment of the client’s capacity to tolerate the affect that the interpretation may evoke. Bion’s concept of “containment” is instructive here: the therapist must be able to hold the client’s projected anxieties and return them in a more digestible

form. If an interpretation threatens to overwhelm the client, the therapist may need to step back, offer a more superficial hypothesis, or provide a grounding technique before revisiting the deeper material. This dynamic adjustment underscores the importance of usability; an interpretation that is too clever or too abstract may be rejected outright, whereas a hypothesis that the client can test against their own experience will be more readily integrated.

Another essential element is the linking of the interpretation to the transference relationship. The client's present-moment feelings towards the therapist often echo earlier relational patterns. When an interpretation explicitly references this link, it gains a powerful catalytic quality. For instance, a therapist might say, "I notice that when I ask you about your plans for the weekend, you become unusually quiet and look down, as if you are worried that I might judge you for not having anything worthwhile to do. It feels a bit like the way you described your father's disappointment when you chose a career in the arts". By naming the transference feeling (worry about judgment) and tying it to a past pattern (father's disappointment), the therapist offers a concrete hypothesis that the client can recognise in the here-and-now interaction. This is precisely the kind of mutative interpretation Strachey described, where the present moment becomes a laboratory for testing and revising entrenched patterns.

The therapist must also be mindful of the language of the client's own narrative. Using the client's idioms – for example, if a client repeatedly uses the phrase "carrying a weight" – can make the interpretation feel more personal and less imposed. However, the therapist should avoid over-reliance on metaphor that obscures meaning; the goal is clarity, not poetic flourish. The balance between poetic resonance and plain language is delicate, and the therapist's clinical judgement, honed through supervision and reflective practice, determines the optimal point.

In practice, the craft of interpretation is a dance of timing, specificity, humility, and relational attunement. The therapist must constantly monitor the client's affective state, the quality of the alliance, and the broader formulation that includes both psychodynamic concepts and measurable symptom indices. When an interpretation is offered, the therapist observes the client's reaction: does the client pause, does the breath change, does a new affect emerge? These micro-signals indicate whether the hypothesis

has been taken up or rejected. A successful interpretation often leads to a moment of “recognition” – a sudden sense of “that is what it feels like” – which can be followed by an emotional release, a new insight, or a behavioural shift.

The ultimate aim of interpretation is not to provide a final answer but to open a space where the client can experiment with new ways of understanding themselves. The therapist’s role is to supply the hypothesis, hold the client’s affect, and then step back, allowing the client to either accept, modify, or discard the suggestion. Over time, as the client repeatedly engages with these hypotheses, the underlying psychic structures may reorganise, leading to lasting change. This process aligns with Kernberg’s view of structural change as a gradual erosion of rigid defensive formations through repeated experiences of being understood and contained.

In summary, the craft of interpretation in a working–psychodynamic context rests on four pillars: the hypothesis must be tentative, specific, offered near the client’s awareness, and timed to coincide with a live affective moment. The sequencing rule of defence before impulse and surface before depth safeguards the client’s capacity to tolerate the material. Usability – the client’s ability to take hold of, amend, and integrate the interpretation – supersedes cleverness or theoretical elegance. Finally, linking the interpretation to the transference moment grounds the hypothesis in the relational field, giving it the mutative power described by Strachey. By adhering to these principles, the therapist can transform fleeting insights into enduring structural change, guiding the client from a place of unconscious repetition to a lived sense of agency and self-knowledge.

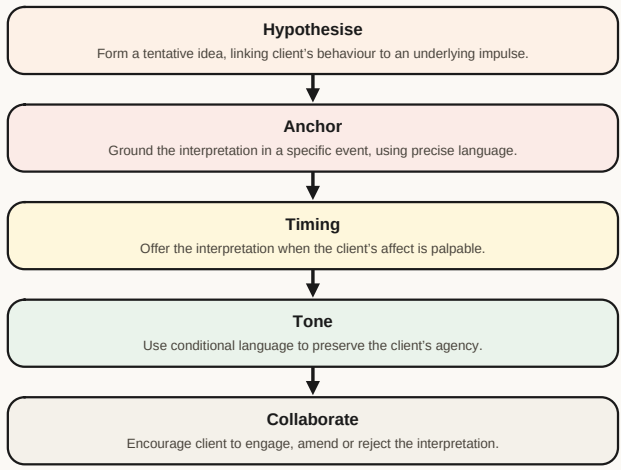


FIGURE 2.1 The Craft of Interpretation

A flowchart illustrating the process of crafting and delivering effective interpretations in psychodynamic therapy.

Points worth keeping

- Interpretation is a tentative hypothesis, offered near awareness
- Sequence: defence before impulse, surface before depth
- Usability beats cleverness; link the live moment to the pattern

PRACTICE TASK

Rewrite this verdict as a usable interpretation: "You are angry with me because I represent your father."